



# Detection of the extranuclear-to-nuclear ratio of ER by phosphor-integrated dots and prognostic value of resistance to endocrine therapy in HR+/HER2- breast cancer

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## 学 位 論 文 要 約

博士論文題目 .....Detection of the extranuclear-to-nuclear ratio of ER $\alpha$  by phosphor-integrated dots  
and prognostic value of resistance to endocrine therapy in HR+/HER2- breast  
cancer (蛍光ナノ粒子を用いた核外/核内 ER $\alpha$  定量化によるホルモン受容体陽性/HER2  
陰性乳癌の内分泌療法耐性の予測).....

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**Background** In addition to genomic signalling, oestrogen receptor  $\alpha$  (ER $\alpha$ ) is associated with cell proliferation and survival through a nongenomic (extranuclear) signalling pathway, which is considered to contribute to endocrine resistance. However, the relationship between extranuclear ER $\alpha$  expression levels and endocrine therapy (ET) resistance has not been studied extensively. My goal was to assess ER $\alpha$  expression levels in the cytoplasm and/or at the membrane in breast cancer specimens using IHC with PIDs (IHC-PIDs) as a retrospective research tool and to explore the significance of extranuclear ER $\alpha$  in predicting the benefit of ET and patient prognosis. **Methods** ER $\alpha$  expression levels were quantified in cells lines and tissue section with a range of increasing ER $\alpha$  expression by using IHC-PIDs, flow cytometry and real-time quantitative reverse transcription-PCR (real-time qRT-PCR). GFP-ER $\alpha$  $\Delta$ NLS-transfected cells were stained with PIDs to detect extranuclear ER $\alpha$ . Then, sixty-five patients with HR+/HER2- breast cancer from 2001 to 2003 who were treated with postoperative ET were selected. Tissue sections were stained with IHC-PIDs, and total ER $\alpha$ , nuclear ER $\alpha$ , extranuclear ER $\alpha$ , and the ratio of extranuclear-to-nuclear ER $\alpha$  (ENR) were then measured with an automatic computerized measurement named “the nearest-neighbour method”. The correlations among biological factors, clinical characteristics and pathological features were examined. **Results** PIDs were able to specifically quantify ER $\alpha$  as the results of strong correlation between PIDs score and mRNA expression (Pearson  $r^2=0.94$ ) as well as FACS (Pearson  $r^2=0.98$ ). PIDs exhibit appropriate recognition of extranuclear ER in cancer cells. 4  $\mu$ m was chosen as the optimal value for the nearest-neighbor method which provides an accurate measurement of the extranuclear ER $\alpha$  protein expression level. The PIDs scores of total and nuclear ER $\alpha$  negatively correlated with relapse, and the ER $\alpha$  ENR calculated by the nearest-neighbour method was positively correlated with relapse. A high ( $\geq 48$ ) nuclear ER $\alpha$  PIDs score was associated with better disease-free survival (DFS) (log-rank  $P=0.022$ ). However, a high ( $\geq 0.5$ ) ER $\alpha$  ENR was significantly associated with poor OS (log-rank  $P=0.048$ ) and DFS (log-rank  $P=0.007$ ). Multivariate analysis revealed that the ER $\alpha$  ENR remained an independent prognostic factor for DFS [hazard ratio, 3.8; 95% CI, 1.4~11.8;  $P=0.006$ ]. **Conclusion** I used IHC-PIDs imaging to develop a novel automatic computerized measurement with high accuracy for localizing and assessing extranuclear ER $\alpha$ , which was previously rarely detected. I demonstrated a new method for localizing and assessing extranuclear protein that can be applied to other biomarkers to explore their underlying mechanisms. A high ER $\alpha$  ENR and/or low nuclear ER $\alpha$  PIDs score in HR+/HER2- breast cancer indicates a decreased chance of benefitting from ET.